

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
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19	<i>Jeane</i>		<i>Z</i>		<i>Z</i>	
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TOTAL IND.	3	↓	3	↓	2	↓
TOTAL DEP.	17	↓	17	↓	16	↓
TOTAL CLAIMS	20		20		18	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

FOR ADDITIONAL CLAIMS OR ADMEENDMENTS